


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **755257** (3)
1. Corporation Name
BLUE SPRINGS PROPERTY OWNERS' ASSOCIATION, INC.



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|--|--|
| Principal Place of Business 412 N E 16TH AVE P O BOX 1776 GAINESVILLE FL 32601 | Mailing Address 412 N E 16TH AVE P O BOX 1776 GAINESVILLE FL 32601 |
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|---|
| 3. Date Incorporated or Qualified 11/24/1980 |
| 4. FEI Number 59-2391781 |
| Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 30 | Country 31 |

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| 9. Name and Address of Current Registered Agent LEE, DENNIS G. 412 N.E. 16TH AVE. GAINESVILLE FL 32601 | |
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 | 84 City |
| 85 Zip Code | FL |

| | |
|--|---|
| 10. Name and Address of New Registered Agent | |
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 | 84 City |
| 85 Zip Code | FL |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | SHEFFIELD, BOB |
| STREET ADDRESS | 412 NE 16 AVE |
| CITY-ST-ZIP | GAINESVILLE FL 32601 |
| TITLE | VSD <input type="checkbox"/> DELETE |
| NAME | LEE, DENNIS G |
| STREET ADDRESS | 412 NE 16TH AVE. |
| CITY-ST-ZIP | GAINESVILLE FL |
| TITLE | ASD <input type="checkbox"/> DELETE |
| NAME | DAVIES, LISA S. |
| STREET ADDRESS | 412 N.E. 16TH AVE. |
| CITY-ST-ZIP | GAINESVILLE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Change Chapman |
| 3.3 STREET ADDRESS | To Davies |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Dennis G. Sheffield** 3-5-98 352 3341976

CR2E037 (10/97)